

BUREAU OF VITAL RECORDS
FILED JUN 12 1944

State File No. _____

Registration District No. 107Primary Registration District No. 3019Registrar's No. 80

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Remmick
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lucy Ann Porter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dave Porter 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 25 - 1901
 (Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Advance 740 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John Davis

13. Birthplace 740 0
 (City, town, or county) (State or foreign country)

14. Maiden name Janet Grounds

15. Birthplace 740 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Dave Porter

(b) Address Remmick 740

17. (a) Burial (b) Date thereof 4-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marsh Camp

18. (a) Signature of funeral director John and Co

(b) Address Remmick 740

19. (a) 5/25/44 (b) John Blunkmiller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin 35
 (c) City or town Remmick 2
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
 year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 15 to April 28
 that I last saw her alive on April 28 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart
Nephritis
Vascular Heart
Disease
 Duration 3 mo
4 mo
3 years

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury It
 Signature George R. Chas (M. D. or other)
 Address Remmick 740 Date signed 4-29-44

RECEIVED

District Health Office N

District File Number 644-2

Date Filed 6-8-2

AUG 28 1932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Walter A. Hawkeris*

Licensed Embalmer No. *2002*

P. O. Address: *Kennett me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

June 80

Registration District No. 107

Primary Registration District No. 3019

Registrar's No.

1. PLACE OF DEATH:

- (a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAMELucy A. Porter

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- F
5. Color or race
- W
6. (a) Single, widowed, married,
-
- divorced
- m

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
-
- alive

7. Birth date of deceased
- April 25 1901
-
- (Month) (Day) (Year)

8. AGE: Years
- 43
- Months
- 3
- Days
- 10
- If less than one day, min.

9. Birthplace (City, town, or county) (State or foreign country)
- Mo

10. Usual occupation

11. Industry or business

12. Name
-
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name
-
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
-
- (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- April
- Year
- 1944
- Hour
- 10
- Minute
- 15
- M.

21. I hereby certify that I attended the deceased from
- 1944
- to
- 1944

that I last saw him alive on April 25 1944 and that death occurred on the date and hour stated above.Immediate cause of death Decomposition of heart Duration 3 moDue to acute rheumatic fever 4 moDue to valvular heart disease 3 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92d

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury

23. Signature
- George J. Schuman
- (Date or other)

Address 99 Kennett Date signed 6-17-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17946